Fill in this information to	o identify your case:		
United States Bankruptcy	Court for the:		
EASTERN DISTRICT OF	WISCONSIN		
Case number (if known)	13-34403	Chapter you are filing under:	
		Chapter 7	
		☐ Chapter 11	
		☐ Chapter 12	
		☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Kevin	Elizabeth
	your government-issued picture identification (for	First name	 First name
	example, your driver's	P	M
	license or passport).	Middle name	Middle name
	Bring your picture identification to your	Luker	Luker
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9060	xxx-xx-7265

13-34403 Case number (if known)

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 1020 Hill Street 414 N Water St Watertown, WI 53098 Watertown, WI 53098 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Dodge **Dodge** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Check one: Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district.

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

Case number (if known)

13-34403

7.	The chapter of the					§ 342(b) for Individuals Filing for Bankruptcy
	Bankruptcy Code you are choosing to file under	<u>.</u>	,,	go to the top of page 1 and check the	e appropriate box.	
		■ Chapt				
		☐ Chapt				
		☐ Chapt				
		☐ Chapt	er 13			
8.	How you will pay the fee	abo ord	out how yo	ou may pay. Typically, if you are payir attorney is submitting your payment	ng the fee yourself, yo	clerk's office in your local court for more details u may pay with cash, cashier's check, or money ttorney may pay with a credit card or check with
				y the fee in installments. If you choose in Installments (Official Form 103A)		nd attach the Application for Individuals to Pay
		but app	is not required is not required in the second in the secon	uired to, waive your fee, and may do	so only if your income ay the fee in installme	ou are filing for Chapter 7. By law, a judge may, a is less than 150% of the official poverty line that ents). If you choose this option, you must fill out 103B) and file it with your petition.
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
			District	Wher	1	Case number
			District	Wher	1	Case number
			District	Wher		Case number
10.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
			Debtor			Relationship to you
			District	Wher	1	Case number, if known
			Debtor			Relationship to you
			District	Wher	·	Case number, if known
11.	Do you rent your residence?	■ No.	Go to I	ine 12.		
	residence:	☐ Yes.	Has yo	our landlord obtained an eviction judg	ment against you?	
				No. Go to line 12.		
				Yes. Fill out <i>Initial Statement About</i> this bankruptcy petition.	an Eviction Judgment	t Against You (Form 101A) and file it as part of

Debt Debt				Case number (if known) 13-34403
Part	3: Report About A	ny Businesses	You Own as a Sole Propr	etor
	Are you a sole propr of any full- or part-till business?		Go to Part 4.	
		☐ Yes.	Name and location of b	usiness
	A sole proprietorship i			
	business you operate an individual, and is n separate legal entity s as a corporation, partnership, or LLC.	as ot a	Name of business, if ar	у
	If you have more than sole proprietorship, us	se a	Number, Street, City, S	ate & ZIP Code
	separate sheet and at it to this petition.	tach	Check the appropriate	pox to describe your business:
	•			siness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Bro	xer (as defined in 11 U.S.C. § 101(6))
			☐ None of the about	ve
	Are you filing under Chapter 11 of the Bankruptcy Code an you a small busines debtor?	deadlines d are operation	s. If you indicate that you ar	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Ch	apter 11.
	business debtor, see U.S.C. § 101(51D).	¹¹ □ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	or 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	4: Report if You O	wn or Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention
14.	Do you own or have			
	property that poses alleged to pose a thr			
	of imminent and identifiable hazard to	2	What is the hazard?	
	public health or safe			
	Or do you own any property that needs immediate attention	?	If immediate attention is needed, why is it needed?	
	For example, do you of perishable goods, or livestock that must be or a building that need	fed,	Where is the property?	

Number, Street, City, State & Zip Code

urgent repairs?

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are definersonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debts vestment or through the operation of the busi	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busines	s debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	■ Yes.		. Do you estimate that after any exempt propavailable to distribute to unsecured creditors?	erty is excluded and administrative expenses
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$ 100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$ 100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I d	eclare under penalty of perjury that the inform	nation provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kevin P Luker	/s/ Elizabeth M Luker
Kevin P Luker Signature of Debtor 1	Elizabeth M Luker Signature of Debtor 2
Executed on October 24, 2018 MM / DD / YYYY	Executed on October 24, 2018 MM / DD / YYYY

Debtor 1 Kevin P Luker
Debtor 2 Elizabeth M Luker

Case number (if known) 13-34403

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Adam L. Lombardo	Date	October 24, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Adam L. Lombardo 1035810		
Printed name		
Lombardo Law Office		
Firm name		
10919 West Bluemound Road		
Suite 200		
Milwaukee, WI 53226		
Number, Street, City, State & ZIP Code		
Contact phone (414) 543-3328	Email address	wendi@lombardolawoffice.com
1035810 WI		
Bar number & State		

Fill	in this inform	nation to identify your	case:				
Del	otor 1	Kevin P Luker					
	0	First Name	Middle Name	Last Name			
	otor 2 use if, filing)	Elizabeth M Luke	Middle Name	Last Name			
Uni	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F WISCONSIN			
Cas	se number 1	3-34403					
1	iown)	3-34403				☐ Check	c if this is an
						amen	ded filing
Su	mmary o			d Certain Statistical Informa			12/15 ng correct
you	r original forn	ns, you must fill out a		e information on this form. If you are filing the box at the top of this page.	amendo	ed schedu	les after you file
Par	t 1: Summa	arize Your Assets					
						Your a	ssets of what you own
1.	Schedule A. 1a. Copy line	/B: Property (Official Fee 55, Total real estate,	form 106A/B) from Schedule A/B			\$	98,000.00
	1b. Copy line	e 62, Total personal pro	operty, from Schedule A/B			\$	94,345.62
	1c. Copy line	e 63, Total of all proper	ty on Schedule A/B			\$	192,345.62
Par	t 2: Summa	arize Your Liabilities					
							abilities t you owe
2.			Claims Secured by Property Imn A, Amount of claim, at t	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedu</i>	ıle D	\$	114,581.50
3.	Schedule E/ 3a. Copy the	F: Creditors Who Have e total claims from Part	Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F		\$	305,559.00
				Your total lia	bilities	\$	420,140.50
Par	t 3: Summa	arize Your Income and	d Expenses				
4.		Your Income (Official Formbined monthly incon	,	<i>I</i>		\$	5,034.00
5.		Your Expenses (Official nonthly expenses from				\$	5,157.77

Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case number (if known) 13-34403

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,779.45

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	n this information						
Deb		Kevin P Luker irst Name	Middle Name	Last Name			
	_	lizabeth M Luker					
·		irst Name	Middle Name	Last Name			
Jnit	ed States Bankru	ptcy Court for the: EAS	STERN DISTRI	CT OF WISCONSIN			
Cas	e number <u>13-3</u>	34403					☐ Check if this is an amended filing
		/ .					
	icial Form		4				
		A/B: Proper		only once. If an asset fits in more than one			12/15
	No. Go to Part 2. Yes. Where is the	property?					
	Yes. Where is the		What	: is the property? Check all that apply			
	Yes. Where is the		What	Single-family home			aims or exemptions. Put d claims on <i>Schedule D:</i>
	Yes. Where is the	St.	=		the amount	of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
	Yes. Where is the	St.		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure	d claims on <i>Schedule D:</i>
	Yes. Where is the 414 N. Water Street address, if ava	St. ilable, or other description		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount Creditors W	of any secure ho Have Clair ue of the	d claims on Schedule D: ns Secured by Property. Current value of the
	Yes. Where is the	St.	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount Creditors W Current val entire prop	of any secure ho Have Clair ue of the	d claims on Schedule D: ns Secured by Property.
	Yes. Where is the 414 N. Water Street address, if ava	St. ilable, or other description WI 53098-0	0000 Dode	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	the amount Creditors W Current val entire prop	of any secure tho Have Clain lue of the erty? 18,000.00	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
	Yes. Where is the 414 N. Water Street address, if ava	St. ilable, or other description WI 53098-0	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current val entire prop \$9 Describe th (such as fe	of any secure /ho Have Clair lue of the erty? 08,000.00 ne nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00 our ownership interest
	Yes. Where is the 414 N. Water Street address, if ava Watertown City	St. ilable, or other description WI 53098-0	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current val entire prop \$9 Describe th (such as fe	of any secured the Have Clair lue of the lerty? 18,000.00 The nature of year simple, tensingles.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00
	Yes. Where is the 414 N. Water Street address, if ava Watertown City Dodge	St. ilable, or other description WI 53098-0	0000 Owner Owner	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current val entire prop \$9 Describe th (such as fe	of any secured the Have Clair lue of the lerty? 18,000.00 The nature of year simple, tensingles.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00 our ownership interest
	Yes. Where is the 414 N. Water Street address, if ava Watertown City	St. ilable, or other description WI 53098-0	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current val entire prop \$9 Describe th (such as fe a life estate	of any secured the Have Clair lue of the lerty? 18,000.00 The nature of yes simple, tende), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00 our ownership interest
	Yes. Where is the 414 N. Water Street address, if ava Watertown City Dodge	St. ilable, or other description WI 53098-0	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current valentire prop \$9 Describe th (such as fe a life estate)	of any secured the Have Clair the Have of the Have of the Have ty? 18,000.00 The nature of year simple, tense), if known. The if this is completed the tructions of the Have the Hav	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00 rour ownership interest ancy by the entireties, or
	Yes. Where is the 414 N. Water Street address, if ava Watertown City Dodge	St. ilable, or other description WI 53098-0	O0000 Other proper	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	Current valentire prop \$9 Describe th (such as fe a life estate (see ins m, such as loc	of any secured the Have Clair the Have of the Have of the Have ty? 18,000.00 The nature of year simple, tense), if known. The if this is completed the tructions of the Have the Hav	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$98,000.00 rour ownership interest ancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debto	r 2 Elizabeth M Luker		Case number (if known)	13-34403
Cai	s, vans, trucks, tractors, sport utility ve	ehicles, motorcycles	_	
	No			
= \	'es			
3.1	Make: Honda	Who has an interest in the property? Check one	Do not deduct secur	ed claims or exemptions. Put
3.1	Model: Insight	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year: 2010	Debtor 1 only		, , ,
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another	chang property:	pormon you omm
	2010 Honda Insight 165,000 miles (Paid Off in the Chapter 13 Plan- Current Value of \$3,300.00)	■ Check if this is community property (see instructions)	\$9,000.0	\$9,000.00
			Do not deduct secur	ed claims or exemptions. Put
3.2	Make:	Who has an interest in the property? Check one	the amount of any se	ecured claims on Schedule D:
	Model:	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	Debtor 2 only	Current value of the	
	Approximate mileage: Other information:	■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	entire property?	portion you own?
	2004 Honda Civic- Sold in 2016	At least one of the deptors and another		
	for \$400.00	■ Check if this is community property (see instructions)	\$1,000.0	\$1,000.00
3.3	Make:	Who has an interest in the property? Check one		ed claims or exemptions. Put
	Model:	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	Debtor 2 only		
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		
	1996 Mercury- Sold in 2014 for approximately \$450.00	■ Check if this is community property (see instructions)	\$500.0	\$500.00
			Do not dodust coour	ed claims or exemptions. Put
3.4	Make:	Who has an interest in the property? Check one	the amount of any se	ecured claims on Schedule D:
	Model:	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year: Approximate mileage:	Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
		Debtor 1 and Debtor 2 only	entire property:	portion you own:
	Other information: 1/2 interest in Checking and	At least one of the debtors and another		
	Savings Account with Children- No longer has this account. This was a joint account while son was in college.	Check if this is community property (see instructions)	\$2,000.0	\$1,000.00

Part 3: Describe Your Personal and Household Items

Schedule A/B: Property

page 2

Official Form 106A/B

	ebtor 1 Kevin P Lul ebtor 2 Elizabeth M		Case number (if known)	13-34403
De	o you own or have any	legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and Examples: Major applia □ No □ Yes. Describe	furnishings nces, furniture, linens, china, kitchenware		
		Furniture at the debtor(s) residence (Living Room Set 300, Bedroom Furniture 400, Kitche Desk 10, China Cabinet 2,000)	en Set 200,	\$2,910.00
		Audio & Video at the debtor(s) residence (2 TVs 200, Computers 100, Wii & Games 200, Cd Play Player 20, iPod 200)	yer 10, DVd	\$730.00
		Appliances at the debtor(s) residence (Washer & Dryer 200, Refrigerator 400, Stove 200, Mic Kitchen Items 100)	crowave 50,	\$950.00
		Patio Set 50, Grill 40, Tools 100, Lawn Mower 50 at the residence	e debtor(s)	\$240.00
7.		and radios; audio, video, stereo, and digital equipment; computers, ll phones, cameras, media players, games	printers, scanners; music c	ollections; electronic devices
8.	other collect	d figurines; paintings, prints, or other artwork; books, pictures, or oth ions, memorabilia, collectibles	ner art objects; stamp, coin	or baseball card collections;
	■ No □ Yes. Describe			
9.	Equipment for sports a Examples: Sports, phot musical inst ☐ No ☐ Yes. Describe	ographic, exercise, and other hobby equipment; bicycles, pool table	es, golf clubs, skis; canoes a	and kayaks; carpentry tools;
		Fishing Equipment at the debtor(s) residence		\$100.00
10.	. Firearms Examples: Pistols, rifle No Yes. Describe	es, shotguns, ammunition, and related equipment		
11.	. Clothes	lothes, furs, leather coats, designer wear, shoes, accessories		
		Clothing at the debtor(s) residence		\$100.00

Official Form 106A/B Schedule A/B: Property page 3

Debtoi Debtoi		Kevin P Luker Elizabeth M Luker	Case number (if known)	13-34403
	xamp No	bles: Everyday jewelry, costume jewelry,	engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
— \	Yes.	Describe		
		Jewelry		\$2,000.00
E)	xamp No	rm animals bles: Dogs, cats, birds, horses Describe		
I	No	her personal and household items yo	ou did not already list, including any health aids you did not list	
			rom Part 3, including any entries for pages you have attached	\$7,030.00
Part 4:	Des	scribe Your Financial Assets		
Do yo	ou ow	n or have any legal or equitable inter	rest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
17. De <i>E</i> x	Yes eposi <i>xamp</i> No		al accounts; certificates of deposit; shares in credit unions, brokerage counts with the same institution, list each. Institution name:	houses, and other similar
		17.1.	Savings Account (Account closed 2015) LMCU	\$220.00
		17.2.	Joint Checking Account Associated Bank \$600 balance as on 10/17/18	\$150.00
			Checking Account- Wife Associated Bank	
		17.3.	\$225 blalance as of 10/17/18	\$80.00
			Savings Account- Wife Associated Bank	
		17.4.	\$1,950.00 balance as of 10/17/18	\$600.00
	xamp	, mutual funds, or publicly traded stooles: Bond funds, investment accounts w	cks vith brokerage firms, money market accounts	
		Institution or i	ssuer name:	
	int v	ublicly traded stock and interests in in enture	ncorporated and unincorporated businesses, including an intere	st in an LLC, partnership, and

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Official Form 106A/B

Schedule A/B: Property

page 4

Best Case Bankruptcy

	ebtor 1 ebtor 2	Kevin P Luker Elizabeth M Luker		Case number (if known)	13-34403
	☐ Yes.	Give specific information about them Name of entity:		% of ownership:	
	Negoti Non-ne ■ No	mment and corporate bonds and other is able instruments include personal checks egotiable instruments are those you cann Give specific information about them Issuer name:	s, cashiers' checks, promissory notes, a	and money orders.	
		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401	(k), 403(b), thrift savings accounts, or c	other pension or profit-sharing	plans
	_	List each account separately. Type of account:	Institution name:		
			401(k)- Wife		\$53,000.00
	Your si Examp ■ No	ty deposits and prepayments hare of all unused deposits you have madeles: Agreements with landlords, prepaid of), telecommunications compan	ies, or others
	Annuiti ■ No □ Yes	ies (A contract for a periodic payment of		mber of years)	
		cs in an education IRA, in an account in C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description.	n a qualified ABLE program, or under ription. Separately file the records of an		-
	■ No	equitable or future interests in proper	rty (other than anything listed in line	1), and rights or powers exe	rcisable for your benefit
26.	Patents Examp ■ No	s, copyrights, trademarks, trade secret bles: Internet domain names, websites, pr	, , , , , , , , , , , , , , , , , , , ,	reements	
	Examp ■ No	es, franchises, and other general intanoles: Building permits, exclusive licenses, Give specific information about them		or licenses, professional license	es
Mo	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	runds owed to you Give specific information about them, incl	luding whether you already filed the ret	turns and the tax years	
	Examp	support oles: Past due or lump sum alimony, spou Give specific information	sal support, child support, maintenance	e, divorce settlement, property	settlement

Official Form 106A/B Schedule A/B: Property page 5

	ebtor 1 ebtor 2	Kevin P Luker Elizabeth M Luk	Ker	Case number (if known)	13-34403
30.			owes you disability insurance payments, disability benefits, sick d loans you made to someone else	pay, vacation pay, workers' compet	nsation, Social Security
	■ No	Cive enecific inform	ation		
		Give specific inform			
31.		ets in insurance policies: Health, disability	icies y, or life insurance; health savings account (HSA); cre	edit, homeowner's, or renter's insurar	nce
	■ Yes.	Name the insurance	company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			Whole life policy through Mass Mutual- \$12,169.18 cash surrender value on 10/31/13; \$13,785.13 cash surrender value as of 10/3/18		\$12,169.18
			Whole life policy through Mass Mutual- \$8796.44 cash surrender value \$0.00 cash surrender value as of 10/3/18. Cash surrender value was withdrawn for a new roof that was needed in 2017.		\$8,796.44
			Term Life Policy through Conseco- No cash surrender value		\$0.00
			Employer provided term life policy- Zero cash surrender value		\$0.00
32.	If you a		nat is due you from someone who has died f a living trust, expect proceeds from a life insurance p	policy, or are currently entitled to rece	eive property because
	■ No				
	☐ Yes.	Give specific inform	ation		
33.	Examp		es, whether or not you have filed a lawsuit or mad oyment disputes, insurance claims, or rights to sue	e a demand for payment	
	■ No □ Yes.	Describe each claim	1		
34.	Other of	contingent and unli	quidated claims of every nature, including counte	rclaims of the debtor and rights to	set off claims
	■ No				
	☐ Yes.	Describe each claim	1		
35.	Any fin ■ No	nancial assets you o	did not already list		
	☐ Yes.	Give specific inform	ation		
36			II of your entries from Part 4, including any entrie		\$75,015.62
Pa	rt 5: De	scribe Any Business-F	Related Property You Own or Have an Interest In. List an	y real estate in Part 1.	
			or equitable interest in any business-related property?		
		to Part 6. So to line 38.			
	C	20 to mic 50.			

Official Form 106A/B Schedule A/B: Property page 6

Case number (if known) 13-34403

Current value of the portion you own? Do not deduct secured claims or exemptions.

	■ No	unts receivable of	or commissions you alrea	ady earned		
	Exam ■ No		nishings, and supplies elated computers, software,	, modems, printers, copie	rs, fax machines, rugs, telephones, desks,	chairs, electronic devices
	□ No	nery, fixtures, e	equipment, supplies you u	use in business, and too	ls of your trade	
			Inventory for 3 B Jev	welry		\$800.00
41.	Invent ■ No □ Yes.	tory Describe				
	■ No	-	nips or joint ventures oformation about them Name of entity:		% of ownership:	
١	No.		ng lists, or other compilati ersonally identifiable informa		§ 101(41A))?	
		■ No □ Yes. Describ	oe			
	■ No	usiness-related . Give specific inf	property you did not alre	ady list		
45					entries for pages you have attached	\$800.00
Pa			- and Commercial Fishing-Re		Have an Interest In.	
46.	■ No.	u own or have a . Go to Part 7. s. Go to line 47.	any legal or equitable inte	rest in any farm- or com	nmercial fishing-related property?	
Pa	rt 7:	Describe All Pr	roperty You Own or Have an I	Interest in That You Did No	t List Above	

Official Form 106A/B

Schedule A/B: Property

Copy personal property total

53.	Do you have of	ther property of	any kind you	did not already list?
-----	----------------	------------------	--------------	-----------------------

Examples: Season tickets, country club membership

List the Totals of Each Part of this Form

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

55.	Part 1: Total real estate, line 2		\$98,000.00
56.	Part 2: Total vehicles, line 5	<u>\$11,500.00</u>	

\$94,345.62

57. Part 3: Total personal and household items, line 15 \$7,030.00 Part 4: Total financial assets, line 36 \$75,015.62 59. Part 5: Total business-related property, line 45 \$800.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$192,345.62

\$94,345.62

Official Form 106A/B Schedule A/B: Property page 8

Fill in this infor	Fill in this information to identify your case:						
Debtor 1	Kevin P Luker						
	First Name	Middle Name	Last Name				
Debtor 2	Elizabeth M Luke	r					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF WISCONSIN				
Case number	13-34403						
(if known)					Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

o t	he applicable statutory amount.		.,		-, ,
Pa	It 1: Identify the Property You Claim as Ex	xempt			
1.	Which set of exemptions are you claiming?	Check one only, eve	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonbank	cruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 L	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B t	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	414 N. Water St. Watertown, WI 53098	\$98,000.00		\$0.00	11 U.S.C. § 522(d)(1)
	Dodge County Value based on 2013 & 2017 assessed value			100% of fair market value, up to any applicable statutory limit	
	2nd mortgage with Wells Fargo was forgiven through a hardship program during the Chapter 13. Line from Schedule A/B: 1.1				
	2010 Honda Insight	\$9,000.00		\$0.00	11 U.S.C. § 522(d)(5)
	2010 Honda Insight 165,000 miles (Paid Off in the Chapter 13 Plan-Current Value of \$3,300.00) Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	2004 Honda Civic- Sold in 2016 for \$400.00	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	1996 Mercury- Sold in 2014 for	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)
	approximately \$450.00 Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

Debtor 1 Debtor 2 Elizabeth M Luker

Brief description of the property and line on Schedule A/B that lists this property

Case number (if known)

Current value of the portion you own

Current value of the portion you own

Current value of the portion you own

Specific laws that allowed the portion you own

Specific laws that allow exemption Copy the value from Check only one box for each exemption. Schedule A/B 1/2 interest in Checking and Savings 11 U.S.C. § 522(d)(5) \$1,000.00 \$1,000.00 Account with Children- No longer has this account. This was a joint 100% of fair market value, up to account while son was in college. any applicable statutory limit Line from Schedule A/B: 3.4 Furniture at the debtor(s) residence 11 U.S.C. § 522(d)(3) \$2,910.00 \$2,910.00 (Living Room Set 300, Bedroom Furniture 400, Kitchen Set 200, Desk 100% of fair market value, up to 10, China Cabinet 2,000) any applicable statutory limit Line from Schedule A/B: 6.1 Audio & Video at the debtor(s) 11 U.S.C. § 522(d)(3) \$730.00 \$730.00 residence (2 TVs 200, Computers 100, Wii & 100% of fair market value, up to Games 200, Cd Player 10, DVd Player any applicable statutory limit 20, iPod 200) Line from Schedule A/B: 6.2 Appliances at the debtor(s) residence 11 U.S.C. § 522(d)(3) \$950.00 \$950.00 (Washer & Dryer 200, Refrigerator 400, Stove 200, Microwave 50, 100% of fair market value, up to Kitchen Items 100) any applicable statutory limit Line from Schedule A/B: 6.3 Patio Set 50, Grill 40, Tools 100, 11 U.S.C. § 522(d)(3) \$240.00 \$240.00 Lawn Mower 50 at the debtor(s) residence 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 6.4 Fishing Equipment at the debtor(s) 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 residence Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Clothing at the debtor(s) residence 11 U.S.C. § 522(d)(3) \$100.00 \$100.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Jewelry 11 U.S.C. § 522(d)(4) \$2,000.00 \$2,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Savings Account (Account closed 11 U.S.C. § 522(d)(5) \$220.00 \$220.00 2015) **LMCU** 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 17.1 **Joint Checking Account** 11 U.S.C. § 522(d)(5) \$150.00 \$150.00 **Associated Bank** \$600 balance as on 10/17/18 100% of fair market value, up to Line from Schedule A/B: 17.2 any applicable statutory limit

Page 19 of 61

	ebtor 1 Kevin P Luker ebtor 2 Elizabeth M Luker			Case number (if known)	13-34403
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
	Checking Account- Wife Associated Bank	Schedule A/B \$80.00	•	\$80.00	11 U.S.C. § 522(d)(5)
	\$225 blalance as of 10/17/18 Line from <i>Schedule A/B</i> : 17.3			100% of fair market value, up to any applicable statutory limit	
	Savings Account- Wife Associated Bank	\$600.00		\$600.00	11 U.S.C. § 522(d)(5)
	\$1,950.00 balance as of 10/17/18 Line from <i>Schedule A/B</i> : 17.4			100% of fair market value, up to any applicable statutory limit	
	401(k)- Wife Line from Schedule A/B: 21.1	\$53,000.00		\$53,000.00	11 U.S.C. § 522(d)(12)
	Ellie Holli Gonedale A.B. 2111			100% of fair market value, up to any applicable statutory limit	
	Whole life policy through Mass Mutual- \$12,169.18 cash surrender	\$12,169.18		\$12,169.18	11 U.S.C. § 522(d)(8)
	value on 10/31/13; \$13,785.13 cash surrender value as of 10/3/18 Line from <i>Schedule A/B</i> : 31.1			100% of fair market value, up to any applicable statutory limit	
	Whole life policy through Mass Mutual- \$8796.44 cash surrender	\$8,796.44		\$8,796.44	11 U.S.C. § 522(d)(8)
	value \$0.00 cash surrender value as of 10/3/18. Cash surrender value was withdrawn for a new roof that was needed in 2017. Line from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
	Term Life Policy through Conseco- No cash surrender value	\$0.00		\$0.00	11 U.S.C. § 522(d)(7)
	Line from Schedule A/B: 31.3			100% of fair market value, up to any applicable statutory limit	
	Employer provided term life policy- Zero cash surrender value	\$0.00		\$0.00	11 U.S.C. § 522(d)(7)
	Line from Schedule A/B: 31.4			100% of fair market value, up to any applicable statutory limit	
	Inventory for 3 B Jewelry Line from Schedule A/B: 40.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covered □ No □ Yes	years after that for ca	ases fi		

Official Form 106C

Page 20 of 61

Fill in this information to identify you	ur case:			
Debtor 1 Kevin P Luker				
First Name	Middle Name Last Name		-	
Debtor 2 Elizabeth M Lul	ker			
(Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	EASTERN DISTRICT OF WISCONSIN		-	
Case number 13-34403				
(if known)			☐ Check	if this is an
			ameno	ded filing
Official Form 106D				
	M/II - 11 Olatar - O			
Schedule D: Creditors	Who Have Claims Secure	a by Propert	<u>y </u>	12/15
is needed, copy the Additional Page, fill it	If two married people are filing together, both are eout, number the entries, and attach it to this form. C			
number (if known). 1. Do any creditors have claims secured b	V Volum proportiv?			
`	ribis form to the court with your other schedules. \	You have nothing also t	to roport on this form	
_	·	ou have nothing else	to report on this form.	
Yes. Fill in all of the information	DEIOW.			
Part 1: List All Secured Claims		Column A	Column B	Column C
	more than one secured claim, list the creditor separatel s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabet		Do not deduct the	that supports this	portion
2.1 Associated Bank	Describe the property that secures the claim:	value of collateral. \$57,329.50	claim \$98,000.00	If any \$0.00
Creditor's Name	414 N. Water St. Watertown, WI			
	53098 Dodge County			
	Value based on 2013 & 2017			
	assessed value			
	2nd mortgage with Wells Fargo was			
	forgiven through a hardship			
	program during the Chapter 13. As of the date you file, the claim is: Check all that			
200 N Adams	apply.			
Green Bay, WI 54301	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or se	ecured		
☐ Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
Date debt was incurred	Last 4 digits of account number			
Honda Financial				
Services*	Describe the property that secures the claim:	\$9,396.00	\$9,000.00	\$396.00
Creditor's Name	2010 Honda Insight			
	2010 Honda Insight 165,000 miles			
5 6 5 	(Paid Off in the Chapter 13 Plan- Current Value of \$3,300.00)			
P.O. Box 70252 Philadelphia, PA	As of the date you file, the claim is: Check all that			
19176-0252	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or se car loan)	ecured		
Official Form 106D	Schedule D: Creditors Who Have Claims Sec	cured by Property		page 1 of 2

	in P Luker		_	Case number (if know)	13-34403	
First N		ame Last Name				
Debtor 2 Eliza First N	abeth M Luker ame Middle Na	ame Last Name	_			
	and made in	2001.10				
■ Debtor 1 and [Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit				
■ Check if this	claim relates to a	Other (including a right to offset)	Automobi	le Loan		
community o	lebt	, ,				
Date debt was in	curred <u>9/2011</u>	Last 4 digits of account num	nber			
2.3 Wells Fa	rgo Bank	Describe the property that secures	the claim:	\$47,856.00	\$98,000.00	\$7,185.50
Creditor's Nar	me	414 N. Water St. Watertown	, WI			
		53098 Dodge County	_			
		Value based on 2013 & 2013 assessed value	′			
		assessed value				
		2nd mortgage with Wells Fa	argo was			
		forgiven through a hardship				
		program during the Chapte As of the date you file, the claim is:				
PO Box		apply.	. Check all that			
Sioux Fa	alls, SD 57117	Contingent				
Number, Stre	et, City, State & Zip Code	Unliquidated				
Who owes the o	leht? Chack one	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	debt: Check one.	☐ An agreement you made (such as	mortanao or ea	acurad		
Debtor 2 only		car loan)	mortgage or se	ecureu		
■ Debtor 1 and [Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
	the debtors and another	☐ Judgment lien from a lawsuit	,			
_	claim relates to a	Other (including a right to offset)	Mortgage			
community of		Calci (including a right to check)				
Date debt was in	curred	Last 4 digits of account num	nber			
				\$444.504	50	
	•	olumn A on this page. Write that nun the dollar value totals from all pages		\$114,581		
Write that num		the donar value totals from an pages	•	\$114,581	.50	
Part 2: List O	thers to Be Notified fo	or a Debt That You Already Listed	4			
		e notified about your bankruptcy for		u already listed in Part 1 E	or example, if a collection	an agency is
trying to collect f	from you for a debt you o	t you listed in Part 1, list the addition	in Part 1, and	then list the collection age	ncy here. Similarly, if yo	u have more
debts in Part 1, d	lo not fill out or submit th	is page.				
Name Nur	mber, Street, City, State & 2	Zin Code	0 1			
	Financial	zip code	On wr	nich line in Part 1 did you ente	er the creditor?	
PO Box			Last 4	digits of account number	_	
City Of	Industry, CA 91716					
	mber, Street, City, State & 2	Zip Code	On wh	nich line in Part 1 did you ente	er the creditor? 2.2	
	Financial Services			P. W		
PO Box Elgin, IL			Last 4	digits of account number	_	
y, IL						

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this info	rmation to identify your ca	se:	
Debtor 1	Kevin P Luker		
	First Name	Middle Name Last Name	
Debtor 2	Elizabeth M Luker		
(Spouse if, filing)	First Name	Middle Name Last Name	
United States B	Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN	
Case number	13-34403		
(if known)	10 04400		☐ Check if this is an
			amended filing
Be as complete a any executory co Schedule G: Exec Schedule D: Cred	E/F: Creditors Whole accurate as possible. Use intracts or unexpired leases the cutory Contracts and Unexpired litors Who Have Claims Security.	O Have Unsecured Claims Part 1 for creditors with PRIORITY claims and Part 2 for creditors at could result in a claim. Also list executory contracts on Sci d Leases (Official Form 106G). Do not include any creditors we	nedule A/B: Property (Official Form 106A/B) and on ith partially secured claims that are listed in ed, fill it out, number the entries in the boxes on the
name and case n	umber (if known).	If you have no information to report in a Part, do not file that F	'art. On the top of any additional pages, write your
	All of Your PRIORITY Uns		
<u> </u>	itors have priority unsecured	claims against you?	
No. Go to	Part 2.		
☐ Yes.			
Part 2: List	All of Your NONPRIORITY	Unsecured Claims	
3. Do any cred	itors have nonpriority unsecu	ed claims against you?	
☐ No. You h	nave nothing to report in this par	. Submit this form to the court with your other schedules.	
Yes.			
unsecured cla	aim, list the creditor separately f	ns in the alphabetical order of the creditor who holds each cla or each claim. For each claim listed, identify what type of claim it is the other creditors in Part 3.If you have more than three nonpriority	Do not list claims already included in Part 1. If more
			Total claim
4.1 AES/C	Chase	Last 4 digits of account number	\$38,503.00
Nonprior	rity Creditor's Name		
	ox 2461	When was the debt incurred? 2013	
	burg, PA 17105 Street City State Zlp Code	As of the date you file, the claim is: Check all that	anniv
	curred the debt? Check one.	As of the date you me, the dam is. Offeck all that	арріу
	or 1 only	П	
	or 2 only	Contingent	
_	•	Unliquidated	
_	or 1 and Debtor 2 only	Disputed	
_	ast one of the debtors and anoth		
	ck if this claim is for a commu	•	
debt Is the cl	aim subject to offset?	☐ Obligations arising out of a separation agreemen report as priority claims	t or divorce that you did not
■ No	Saajeet te oniooti	☐ Debts to pension or profit-sharing plans, and other	er similar debts
— 140		Student Loan- Debtor h	
☐ Yes		Other. Specify that debt is non-discha	as been auviseu raable.

Schedule E/F: Creditors Who Have Unsecured Claims

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Elizabeth M Luker		Case number (if know) 13-34403	
Anex	Last 4 digits of account number		\$800.00
Nonpriority Creditor's Name 225 S Executive Drive	When was the debt incurred?	2012	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	Contingent		
Debtor 2 only	-		
■ Debtor 1 and Debtor 2 only	_ '		
_	'	d claim:	
_		a olami.	
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
<u> </u>	<u>-</u> ' ' '	g plans, and other similar debts	
Yes	· ·	•	
ATOT Heisered Declementer			
Department	Last 4 digits of account number	9888	\$26,788.00
	When was the debt incurred?	2013	
Jacksonville, FL 32231 Number Street City State Zlp Code	_		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only			
■ Debtor 1 and Debtor 2 only			
☐ At least one of the debtors and another	•	d claim:	
Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Bank of America	Last 4 digits of account number		\$1,964.00
Nonpriority Creditor's Name	- When we do		
	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	- -	•••	
Debtor 1 only	Contingent		
Debtor 2 only	-		
■ Debtor 1 and Debtor 2 only	·		
At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
^ ^C^ICVII 0	Anex Nonpriority Creditor's Name 225 S Executive Drive Brookfield, WI 53005-4266 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes AT&T Universal Bankruptcy Department Nonpriority Creditor's Name PO Box 44167 Jacksonville, FL 32231 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Check if this claim is for a community debt is the claim subject to offset? No Yes Bank of America Nonpriority Creditor's Name P.O. Box 53137 Phoenix, AZ 85072-3137 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only	Last 4 digits of account number When was the debt incurred?	Last 4 digits of account number Case number (# know) 13-34403

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

Student Loan- Debtor has been advised

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify that debt is non-dischargable.

Is the claim subject to offset?

	1 Kevin P Luker 2 Elizabeth M Luker		Case number (if know)	13-34403	
4.5	Capital One Retail Services	Last 4 digits of account number	7885		\$2,240.00
	Nonpriority Creditor's Name PO Box 7680 Carol Stream, IL 60116-7680	When was the debt incurred?	2013		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	■ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	at you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	5	
	Yes	Other. Specify Credit card	purchases		
4.6	Chase Bank	Last 4 digits of account number	4555		\$4,310.00
	Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298	When was the debt incurred?	2013		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	Continue and			
	☐ Debtor 2 only	☐ Contingent			
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated			
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	_	Student loans	a ciaiii.		
	■ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	at you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	5	
	☐ Yes	Other. Specify Credit card	purchases		
4.7	Comenity Bank/BOSTON STORE	Last 4 digits of account number			\$1,015.00
	Nonpriority Creditor's Name PO Box 182273	When was the debt incurred?	2013		
	Columbus, OH 43218-2789 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	■ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	at you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	5	
	Yes	■ Other. Specify Credit card	purchases		

Debtor Debtor	1 Kevin P Luker 2 Elizabeth M Luker		Case number (if know) 13-34403	
4.8	Comenity Bank/FSHBGVSA	Last 4 digits of account number		\$705.00
	Nonpriority Creditor's Name P.O.Box 182789	When was the debt incurred?	2013	
	Columbus, OH 43218-2789 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	опостава оргу	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	_		
	■ Debtor 1 and Debtor 2 only	Unliquidated		
	_	☐ Disputed	Later	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
		' '		
	Yes	Other. Specify Credit card	purchases	
4.9	Foot & Ankle Associates of WI	Last 4 digits of account number	8675	\$106.00
	Nonpriority Creditor's Name 2835 N. Grandview Blvd.	When was the debt incurred?	2013	
	STE 300			
	Pewaukee, WI 53072 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	710 of the date you me, the claim	oncox air that apply	
	☐ Debtor 1 only			
	Debtor 2 only	Contingent		
		Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	
4.1	OF Control Partial Pouls		0700	*F 700 00
0	GE Capital Retail Bank Nonpriority Creditor's Name	Last 4 digits of account number	8720	\$5,768.00
	PO Box 960061 Orlando, FL 32896-0061	When was the debt incurred?	2013	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Uniiquidated ☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	Check it this claim is for a community			

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Is the claim subject to offset?

Debtor 1	Kevin P Luker
Debtor 2	Elizabeth M Luker

Case number (if know)

13-34403

Great Lakes Higher Education	Last 4 digits of account number	\$6,500.00
Nonpriority Creditor's Name PO Box 7860	When was the debt incurred? 2013	
Madison, WI 53707-7860		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
■ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Student Loan- Debtor has been advised that debt is non-dischargable.	
Home Care Medical	Last 4 digits of account number 8877	\$591.0
Nonpriority Creditor's Name		
Drawer #828 Milwaukee, WI 53278	When was the debt incurred? 2013	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
■ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical Services	
Infectious Disease Specialists	Last 4 digits of account number 3738	\$433.0
Nonpriority Creditor's Name		
PO Box 522 Pewaukee, WI 53072-0522	When was the debt incurred? 2013	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt	Dobligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Services	

Official Form 106 E/F

2 Elizabeth M Luker		Case number (if know)	13-34403	
Jack W Hutter DPM SC	Last 4 digits of account number	1233		\$
Nonpriority Creditor's Name 422 E Summit Ave. Oconomowoc, WI 53066-3749	When was the debt incurred?	2013		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	<u> </u>			
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d alaimi		
	<u></u> '	a ciaim:		
Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce the	nat you did not	
No	Debts to pension or profit-sharir	og plans, and other similar deh	te	
■ No □ Yes	Other. Specify Medical Se		13	
	— Other. Specify			
JP Morgan Chase Bank	Last 4 digits of account number	0003		\$14,
Nonpriority Creditor's Name PO Box 182223 Columbus, OH 43218-2223	When was the debt incurred?	2013		
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
☐ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only				
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d alaim.		
_	<u></u> '	a ciaim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce the	nat you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar deb	ts	
Yes		Co signer for Rochell		
		-	 -	
Kinex Medical Company LLC	Last 4 digits of account number			\$
Nonpriority Creditor's Name	When was the debt incurred?			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only				
Debtor 2 only	☐ Contingent			
	□ 11 m = 11 m = 1			

□ Debtor 1 and Debtor 2 only
□ Disputed
□ At least one of the debtors and another
□ Check if this claim is for a community debt
□ No
□ No
□ Yes
□ Other. Specify
□ Unliquidated
□ Disputed
□ Type of NONPRIORITY unsecured claim:
□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify Medical Services

Official Form 106 E/F

Debtor 1	Kevin P Luker	
Debtor 2	Elizabeth M Luker	

Case number (if know) 13-34403

4.1	Kohls Department Store	Last 4 digits of account number	\$1,237.00
	Nonpriority Creditor's Name		
	PO box 3115	When was the debt incurred? 2013	
	Milwaukee, WI 53201 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	□ Continued	
	Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	Unliquidated	
		Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.1 8	Lake Country Emergency Physicians	Last 4 digits of account number 9126	\$673.00
	Nonpriority Creditor's Name		
	6400 Industrial Loop	When was the debt incurred? 2013	
	Greendale, WI 53129 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oncok an that apply	
	☐ Debtor 1 only		
	Debtor 2 only	Contingent	
	<u> </u>	Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	_		
	Yes	■ Other. Specify Medical Services	
4.1 9	Lake County Plastic & Hand Surgery	Last 4 digits of account number 6003	\$670.00
	Nonpriority Creditor's Name		
	5605 Waterford Lane Appleton, WI 54913	When was the debt incurred? 2013	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only		
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Medical Services	
	55	— ошет. оресну	

Official Form 106 E/F

Debtor 1	Kevin P Luker
Debtor 2	Elizabeth M Luker

Case number (if know) 13-34403

Nompriority Creditor's Name 2775 S. Moortaind Rd. New Berlin, WI 53151 Number Street City State 2 D code Uniquidated Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 4 and Debtor 3 only Debtor 2 only Debtor 4 and Debtor 3 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only 1 only	4.2 0	Landmark Credit Union	Last 4 digits of account number	\$174.00
Number Street City State 2[b Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 only Debtor 5 and Debtor 5 and Debtor 6 one. Debto		2775 S. Moorland Rd.	When was the debt incurred? 2013	
Debotr 1 conty			As of the date you file the claim is Check all that each	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only		, '	As of the date you me, the claim is. Check all that apply	
Debtor 2 only		_	_	
Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 data to 6 of the debtors and another Check if this claim is for a community debt Student bans Student bans Check if this claim is for a community debt Student bans Check if this claim subject to offset? Student bans Debtor 0 person or profit-sharing plans, and other similar debts Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 5 Name 2 only Debtor 4 and Debtor 5 Name 2 only Debtor 4 and Debtor 5 Name 2 only Debtor 5 Name 2 only Debtor 4 and Debtor 5 Name 2 only Debtor 4 and Debtor 5 Name 2 only Debtor 5 Name 2 only Debtor 5 Name 2 only Debtor 6 Name 2 only Debtor 7 only Debtor 7 only Debtor 8 Name 2 only Debtor 8 Name 2 only Debtor 9 Na			☐ Contingent	
At least one of the debtors and another Student loans State Student loans Student loans State Student loans Student lo		<u> </u>	☐ Unliquidated	
Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community check if this claim is for a community claim is the claim subject to offset? Check if this claim is for a community claim is for a community claim is the claim subject to offset? Check if this claim is for a community		•	☐ Disputed	
Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegation		\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
State claim subject to offset? Popular as priority offset in proof as priority of solitors in the claim subject to offset? Popular as priority offset in plans, and other similar debts		■ Check if this claim is for a community	☐ Student loans	
Last 4 digits of account number \$38,664.00 Contingent				
Linden Grove Mukwonago Nonpriority Creditor's Name 1850 W. Corporate Dr., Suite 303 Brookfield, WI 53045 Number Sireac (City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 priority Claims arising out of a separation agreement or divorce that you did not report as priority claims No		■ No	Debts to pension or profit-sharing plans, and other similar debts	
Linden Grove Mukwonago Last 4 digits of account number \$38,864.00		Yes	■ Other. Specify Debt Owed	
18650 W. Corporate Dr., Suite 303 Brookfield, WI 53045 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt She claim subject to offset? Debt Owed As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 2 only Disputed		<u> </u>	Last 4 digits of account number	\$38,664.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Unliquidated Disputed Student loans Debtor 1 and Debtor 2 only Unliquidated Disputed Student loans Debtor 1 and Debtor 2 only Debtor 1 are claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Unliquidated Disputed Disputed Type of NonPRIORITY unsecured claim: Student loans As of the date you file, the claim is: Check all that apply Contingent Debtor 1 and Debtor 2 only Disputed Unliquidated Disputed Disputed Type of NonPRIORITY unsecured claim: Student loans Student loans Disputed Dispu		18650 W. Corporate Dr., Suite 303	When was the debt incurred?	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Debtor 1 sthe claim subject to offset? Metropolitan Urology Group Last 4 digits of account number 2600 N Mayfair Road Suite 545 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 onlow Debtor 1 and Debtor 3 onlow Debtor 1 and Debtor 3 onlow Debtor 1 onloy Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt List the claim subject to offset? No Debtor 1 onloy Debtor 2 only Debtor 1 onloy Debtor 1 o		Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Debtor 2 only		<u></u>		
Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debt Owed Last 4 digits of account number 2600 N Mayfair Road Suite 545 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Suite 545 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 pebtor 2 only Debtor 2 pebtor 2 pebtor 2 per offset? Debtor 3 priority claims Debtor 4 pebtor 3 per offset? Debtor 5 per offset? Debtor 5 per offset? Debtor 6 pebtor 2 per offset? Debtor 6 pebtor 2 per offset? Debts 7 per offset 8 per offset 9		•	☐ Contingent	
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a sepa		<u> </u>	☐ Unliquidated	
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Debt Owed No		■ Debtor 1 and Debtor 2 only	☐ Disputed	
debt Steel claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debt Owed Other. Specify Debt Owed Metropolitan Urology Group Last 4 digits of account number 4279 \$1,286.00 Nonpriority Creditor's Name 2600 N Mayfair Road Suite 545 Milwaukee, WI 53226 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed Disputed At least one of the debtors and another Type of NoNPRIORITY unsecured claim: Student loans debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset? No		■ Check if this claim is for a community	☐ Student loans	
Metropolitan Urology Group Nonpriority Creditor's Name 2600 N Mayfair Road Suite 545 Milwaukee, WI 53226 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Is the claim subject to offset? No No Debts to pension or profit-sharing plans, and other similar debts Quality Other. Specify Debt Owed 4279 \$1,286.00 \$1,2				
Metropolitan Urology Group Nonpriority Creditor's Name 2600 N Mayfair Road Suite 545 Milwaukee, WI 53226 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Scheck if this claim is for a community debt Is the claim subject to offset? No Metropolitan Urology Group Last 4 digits of account number 4279 Aleast 4 digits of account number 4279 \$1,286.00 \$1,286.00 \$1,286.00 \$1,286.00 \$1,286.00		■ No	Debts to pension or profit-sharing plans, and other similar debts	
Nonpriority Creditor's Name 2600 N Mayfair Road Suite 545 Milwaukee, WI 53226 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Men was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts		Yes	Other. Specify Debt Owed	
2600 N Mayfair Road Suite 545 Milwaukee, WI 53226 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt In No No When was the debt incurred? 2013 When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts		Metropolitan Urology Group	Last 4 digits of account number 4279	\$1,286.00
Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		2600 N Mayfair Road	When was the debt incurred? 2013	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 6 only Debtor 1 and Debtor 8 only Debtor 1 and Debtor 9 only Debtor 1 and		Milwaukee, WI 53226	As of the date you file the claim is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Student loans □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you me, the claim is. Oneok an that apply	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 1 only	☐ Contingent	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 2 only		
□ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		■ Debtor 1 and Debtor 2 only		
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims No ☐ Debts to pension or profit-sharing plans, and other similar debts		_	·	
debt Is the claim subject to offset? In Obligations arising out of a separation agreement or divorce that you did not report as priority claims In No In Debts to pension or profit-sharing plans, and other similar debts		■ Check if this claim is for a community	☐ Student loans	
■ No □ Debts to pension or profit-sharing plans, and other similar debts		debt		
☐ Yes ☐ Other. Specify Medical Services		<u> </u>		
		Yes	Other. Specify Medical Services	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1	Kevin P Luker
Debtor 2	Flizabeth M Luker

Case number (if know) 13-34403

\$6,273.00	Last 4 digits of account number	Oconomowoc Memorial Hospital			
	When was the debt incurred?	Nonpriority Creditor's Name 791 Summit Ave. P.O. Box 68-9931 Oconomowoc, WI 53066 Number Street City State Zlp Code Who incurred the debt? Check one.			
	As of the date you file, the claim is: Check all that apply				
	☐ Contingent	☐ Debtor 1 only			
	☐ Unliquidated	☐ Debtor 2 only			
	☐ Disputed	■ Debtor 1 and Debtor 2 only			
	Type of NONPRIORITY unsecured claim:	☐ At least one of the debtors and another			
	☐ Student loans				
	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	Check if this claim is for a community debt Is the claim subject to offset?			
	☐ Debts to pension or profit-sharing plans, and other similar debts	■ No			
	Other. Specify Medical Services	Yes			
\$82.00	Last 4 digits of account number	Omnicare Central Billing Center			
Ψ02.00	Last 4 digits of account number	Nonpriority Creditor's Name			
	When was the debt incurred?	571 Longbow, Suite B Maumee, OH 43537			
	As of the date you file, the claim is: Check all that apply	Number Street City State Zlp Code Who incurred the debt? Check one.			
	☐ Contingent	☐ Debtor 1 only			
	☐ Unliquidated	Debtor 2 only			
	☐ Disputed	■ Debtor 1 and Debtor 2 only			
	Type of NONPRIORITY unsecured claim:	☐ At least one of the debtors and another			
	☐ Student loans	■ Check if this claim is for a community			
	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	debt Is the claim subject to offset?			
	Debts to pension or profit-sharing plans, and other similar debts	■ No			
	Other. Specify Medical Services	Yes			
\$99,868.00	Last 4 digits of account number multiple	PROHEALTH CARE INC			
Ψ33,000.00	When was the debt incurred?	Nonpriority Creditor's Name PO BOX 3166			
	As of the date you file, the claim is: Check all that apply	Milwaukee, WI 53201-3166 Number Street City State Zlp Code			
		Who incurred the debt? Check one.			
	☐ Contingent	Debtor 1 only			
	☐ Unliquidated	Debtor 2 only			
	☐ Disputed	■ Debtor 1 and Debtor 2 only			
	Type of NONPRIORITY unsecured claim:	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?			
	☐ Student loans				
	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	☐ Debts to pension or profit-sharing plans, and other similar debts	No			
	■ Other. Specify Medical Services	☐ Yes			

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Schedule E/F: Creditors Who Have Unsecured Claims

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Elizabeth M Luker		Case number (if know) 13-34403	
Radiology Waukesha	Last 4 digits of account number	6664	
Nonpriority Creditor's Name PO Box 1790 Brookfield, WI 53008	When was the debt incurred?	2013	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	_ '		
_	Disputed	d alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecure	a claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	Other. Specify Medical Se	rvices	
Simm Associates, Inc.	Last 4 digits of account number		\$24,
Nonpriority Creditor's Name			· ,
P.O. Box 7526 Newark, DE 19714-7526	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
☐ Yes	Other Specify Student Lo that debt is	ean- Debtor has been advised s non-dischargable.	
State Collection Service	Last 4 digits of account number		\$7,
Nonpriority Creditor's Name 2509 S. Stoughton Rd. Madison, WI 53716	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	_		

☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed lacksquare At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ■ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debto Debto	or 1 Kevin P Luker or 2 Elizabeth M Luker		Case number (if know) 13-34403	
4.2 9	The Sleep Wellness Institute	Last 4 digits of account number		\$97.00
	Nonpriority Creditor's Name 2356 South 102nd Avenue Milwaukee, WI 53227-2104	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	
4.3 0	US Bank National Association Nonpriority Creditor's Name PO Box 790409	Last 4 digits of account number When was the debt incurred?	0173 2013	\$20,174.00
	Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.3	Waukesha Memorial Hospital	Last 4 digits of account number	9812	\$19.00
	Nonpriority Creditor's Name 725 American Avenue	When was the debt incurred?	2013	
	Waukesha, WI 53188			
	Waukesha, WI 53188 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Number Street City State Zlp Code	As of the date you file, the claim Contingent	is: Check all that apply	

At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

■ Check if this claim is for a community ☐ Student loans

Check if this claim is for a community debt

Is the claim subject to offset?

■ Debtor 1 and Debtor 2 only

■ No

Other. Specify

report as priority claims

☐ Disputed

Part 3: List Others to Be Notified About a Debt That You Already Listed

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Medical Services

Official Form 106 E/F

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Kevin P Luker Debtor 2 Elizabeth M Luker		Case number (if know) 13-34403	
Name and Address Anex, S.C. Bin 88836 Milwaukee, WI 53288	On which entry in Part 1 or Part 2 die Line 4.2 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address ARS National Services PO Box 469046 Escondido, CA 92046-9046	On which entry in Part 1 or Part 2 die Line 4.3 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Collection Associates PO Box 465 Brookfield, WI 53008	On which entry in Part 1 or Part 2 die Line 4.2 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Falls Collection Services PO Box 668 Germantown, WI 53022	On which entry in Part 1 or Part 2 die Line 4.29 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address OAC PO Box 371100 Milwaukee, WI 53237-2200	On which entry in Part 1 or Part 2 die Line 4.18 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Portfolio Recovery Assoc. 120 Corporate Blvd., Ste. 1 Norfolk, VA 23502	On which entry in Part 1 or Part 2 die Line 4.30 of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
North, VA 2002	Last 4 digits of account number		
Name and Address PRM 741 N. Grand Ave Suite 301	On which entry in Part 1 or Part 2 die Line 4.25 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Waukesha, WI 53187-1108	Last 4 digits of account number	· a. z. c. calco min. vo. p. c. ny c. cocarca calino	
Name and Address PRM	On which entry in Part 1 or Part 2 did Line 4.23 of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	
741 N. Grand Ave Suite 301 Waukesha, WI 53187-1108	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Rausch, Sturm, Israel, Enerson & Hornik	On which entry in Part 1 or Part 2 die Line 4.10 of (Check one):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
250 N Sunnyslope Rd, Suite 300 Brookfield, WI 53005	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address	-	d you list the prinise and the C	
Name and Address State Collection Service 2509 S. Stoughton Rd.	On which entry in Part 1 or Part 2 die Line 4.25 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims	
Madison, WI 53716	Last 4 digits of account number		
Name and Address State Collection Service PO Box 6250 Madison, WI 53716-0250	On which entry in Part 1 or Part 2 die Line 4.23 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number		
Name and Address United Recovery Systems	On which entry in Part 1 or Part 2 did Line 4.6 of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

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Debtor 2 Elizabeth M Luker		Case number (if know)	13-34403	
PO Box 722929 Houston, TX 77272-2929		Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?		
US Bank Recovery Department	Line 4.30 of (<i>Check one</i>):	☐ Part 1: Creditors with Prior	ity Unsecured Claims	
PO Box 5227 ML CN OH W15 Cincinnati, OH 45202		Part 2: Creditors with None	priority Unsecured Claims	
	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?		
Waukesha Memorial Hospital	Line 4.31 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims	
c/o State Collection Service, Inc. PO Box 6250		Part 2: Creditors with None	oriority Unsecured Claims	
Madison, WI 53716				
	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim 0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		 0.00
		you did not report as priority claims	6g.	\$ 0.00
	6h.	3 p. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 305,559.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 305,559.00

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Fill in this infor	Fill in this information to identify your case:						
Debtor 1	Kevin P Luker						
	First Name	Middle Name	Last Name				
Debtor 2	Elizabeth M Luke	r					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	PF WISCONSIN				
Case number	13-34403						
(if known)					Check if this is an amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1			<u> </u>		
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Olato	211 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oit,		State	2.11 0000	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

					•
Fill in this	information to identify your	case:			
Debtor 1	Kevin P Luker				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	Elizabeth M Luke	Middle Name	Last Name		
	tes Bankruptcy Court for the:	EASTERN DISTRICT C			
Ormod Ota	too Barmaptoy Court for the.				
Case numl (if known)	ber <u>13-34403</u>				☐ Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
50110 4	<u> </u>	001010			12/10
our name	nd number the entries in the and case number (if known) you have any codebtors? (If	. Answer every question		. •	op of any Additional Pages, write
	you have any coupling (in	you are minig a joint cace,	do not not ofther operation	ao a obabitor.	
■ No					
☐ Yes	3				
	hin the last 8 years, have you a, California, Idaho, Louisiana,				ty states and territories include)
	Go to line 3.				
☐ Yes	s. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person showr the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cr Check all schedul	reditor to whom you owe the debt les that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lin	ne
	Number Street	0	710.0	<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, liı	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lii	
	Number Street				
	City	State	ZIP Code		

Schedule H: Your Codebtors

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							_			
	in this information to identif									
Deb	tor 1 Kevii	n P Luker				_				
	otor 2 Eliza	beth M Luke	•			_				
Unit	ted States Bankruptcy Cou	rt for the: _EA	STERN DISTRICT	OF WISCONSIN						
Cas	se number 13-34403						Check if this is:			
(If kn	own)						☐ An amend	U		
									ing postpetition cha following date:	apter
<u>Of</u>	ficial Form 106	<u>l</u>					MM / DD/		J	
Sc	chedule I: You	r Income	•							12/15
spoi	olying correct information use. If you are separated that a separate sheet to this best to the Describe Employer.	and your spou is form. On the	se is not filing wi	th you, do not inclu	de infor	mati	on about your sp	ouse. If r	nore space is nee	ded,
1.	Fill in your employment information.	t		Debtor 1	Debt			2 or non	filing spouse	
		have more than one job,		■ Employed ■ E			■ Emp	loyed		
	attach a separate page w information about addition		ioyineni status	☐ Not employed			□ Not e	employed		
	employers.	Occ	upation	Disabled			Health	Informa	tion Abstractor	s
	Include part-time, seasor self-employed work.	nal, or Emp	loyer's name				Roger	Rogers Memorial Hospital		
	Occupation may include or homemaker, if it applies	•	loyer's address	34700 Valley Road Oconomowoc, WI 53066						
		How	long employed th	nere?				6 Years		_
Par	Give Details Ab	out Monthly Ir	come							
	mate monthly income as use unless you are separat		u file this form. If y	ou have nothing to re	eport for	any	line, write \$0 in the	e space. I	nclude your non-fili	ng
	u or your non-filing spouse e space, attach a separate			mbine the information	n for all e	emplo	oyers for that pers	on on the	lines below. If you	need
							For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wag deductions). If not paid n				2.	\$	0.00	\$	4,303.00	
3.	Estimate and list month	nly overtime pa	y.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Case 13-34403-gmh Doc 38 Filed 10/24/18

Calculate gross Income. Add line 2 + line 3.

0.00

4,303.00

Case number (if known) 13-34403

				Fo	r Debtor 1		or Debtor on-filing s		
	Copy	y line 4 here	4.	\$	0.00	\$,303.00	
5.	Liet	all payroll deductions:							
Э.	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	0.00	\$		552.00	`
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.		0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	: -	0.00	\$		216.00	
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$		0.00	<u> </u>
	5e.	Insurance	5e.	Ι.	0.00	\$		567.00	·
	5f.	Domestic support obligations	5f.	· · · -	0.00	\$		0.00	
	5g.	Union dues	5g.	: -	0.00	\$		0.00	_
	5h.	Other deductions. Specify: Foundation	5h.			+\$		12.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,	,347.00	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	2	,956.00	_)
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.00	•
	8b.	Interest and dividends	8b.		0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	`-	0.00	\$		0.00	<u> </u>
	8d.	Unemployment compensation	8d.	: -	0.00	\$		0.00	
	8e.	Social Security	8e.	i -	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security Disability	8f.	\$	2,078.00	\$		0.00)
	8g.	Pension or retirement income	_ 8g.	. \$	0.00	\$		0.00)
	8h.	Other monthly income. Specify:	_ 8h.	.+ \$	0.00	+ \$		0.00)
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,078.00	\$		0.0	00
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,078.00 + \$_	2	2,956.00	= \$_	5,034.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•		Schedule	∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						\$	5,034.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				·	Comb	ined Ily income
		No.							
		Yes. Explain: Kevin Luker is applying for Social Security Disab	ility.	Line	11 reflects his	est	imated n	nonthl	y SSD

Official Form 106I

payment.

E:III	in this inform	etien to identify w	0.11 00001							
FIII	in this inform	ation to identify yo	our case:							
Deb	otor 1	Kevin P Luk	er					this is:		
Deb	otor 2	Elizabeth M	Luker					amended filing supplement show	ving postpetition cha	apter
(Spo	ouse, if filing)						13	expenses as of	the following date:	
Unit	ted States Ban	kruptcy Court for the	EASTE	RN DISTRICT OF WISCO	NSIN		MN	// DD / YYYY		
Cas	se number 1	3-34403								
	nown)									
O	fficial F	orm 106J								
		J: Your	Exper	1989						12/15
Be info	as complete ormation. If r	and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this						et
Par		cribe Your House	ehold							
1.	Is this a jo									
	□ No. Go	to line 2.	in a sonar	ate household?						
	_ 1es. D 0		пта зерат	ate nousenoiu:						
			st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of D	ebtor	2.		
2.	Do you ha	ve dependents?	■ No							
	Do not list I Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not state	e the							□ No	1
	dependents	s names.							Yes	
									□ No	
									☐ Yes ☐ No	
									□ Yes	
									□ No	
									☐ Yes	
3.		openses include of people other t	han	No						
		nd your depende		Yes						
Dor	t 2: Estir	nate Your Ongoi	ina Manthi	ly Evnances						
Est exp	imate your e	expenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp						
the		ch assistance an		government assistance in cluded it on <i>Schedule I:</i> Y				Your expe	enses	
(0.	noiai i oi iii i	001.)						•		
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	4.	\$_		601.00	
	If not inclu	ided in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
		erty, homeowner's	-			4b.	· _		0.00	
		e maintenance, re	•			4c.	_		100.00	
5.		eowner's associate mortgage payme		dominium dues our residence, such as ho	me equity loans	4d. 5.	\$ \$		0.00	
◡.	,iii	ogage payin	ioi y		ino oquity louis	٥.	Ψ		0.00	

Official Form 106J Schedule J: Your Expenses page 1

Kevin P Luker Debtor 1 13-34403 Debtor 2 Elizabeth M Luker Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a. \$ 198.00 6b. Water, sewer, garbage collection 6b. \$ 121.00 Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 6c. 0.00 64 Other. Specify: Cable/Internet 6d. \$ 152.00 **Cell Phones** \$ 207.00 Food and housekeeping supplies 7. \$ 350.00 Childcare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 140.00 10. Personal care products and services 10. \$ 175.00 11. Medical and dental expenses 11 \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. 425.00 12. \$ Do not include car payments. 13. \$ 100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 14. \$ 261.77 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. \$ 15b. Health insurance 0.00 15c. \$ 15c. Vehicle insurance 71.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: Long-Term Care Center for Husband- Marguardt 1,996.00 **Health Center** 17c. \$ 17d. Other. Specify: HealthClub 20.00 17d. \$ Your payments of alimony, maintenance, and support that you did not report as 0.00 18. \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. 0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: Pet Care 21. +\$ 40.00 Incidentals for husband in long-term care facility +\$ 100.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 5,157.77 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 5,157.77 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,034.00 23b. Copy your monthly expenses from line 22c above. 23h 5,157.77 Subtract your monthly expenses from your monthly income. -123.77\$ The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. ☐ Yes. Explain here:

Official Form 106J Schedule J: Your Expenses page 2

Fill in this infor	mation to identify your				
Debtor 1	Kevin P Luker				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	FWISCONSIN		
Case number	13-34403				
(if known)	10 0 1100				☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	 you pay or agree to pay someone who is N	OT an attorney to help y	ou fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that t	r penalty of perjury, I declare that I have re hey are true and correct. s/ Kevin P Luker	•	hedules filed with this declaration and 's/ Elizabeth M Luker
hat t	hey are true and correct.	x _	
that t	hey are true and correct. s/ Kevin P Luker	x	/s/ Elizabeth M Luker

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in	this infor	mation to identify you	r case:			
			odoor			
Debto	[Kevin P Luker First Name	Middle Name	Last Name		
Debto	r 2	Elizabeth M Luk	er			
(Spouse	e if, filing)	First Name	Middle Name	Last Name		
United	d States Ba	inkruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN		
Case (if known	_	13-34403				heck if this is an mended filing
Stat Be as o	ement	and accurate as possi	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for supp additional pages, write you	
Part 1	Give I	Details About Your Ma	rital Status and Where You	Lived Before		
1. W	/hat is you	r current marital statu	s?			
	Married Not ma	•				
2. D	uring the I	ast 3 years, have you	lived anywhere other than	where you live now?		
■	No Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
		•	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Expla	in the Sources of You	r Income			
Fi	II in the tot	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?
□ ■		I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy: Wages, co bonuses, tips			\$38,727.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 13-34403

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last calendar year: nuary 1 to December 31, 2012)	■ Wages, commissions, bonuses, tips	\$41,250.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
	the calendar year before that: nuary 1 to December 31, 2011)	■ Wages, commissions, bonuses, tips	\$41,258.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
201	3 YTD: Both Employment Income	☐ Wages, commissions, bonuses, tips	\$97,000.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
201	2: Both Employment Income	☐ Wages, commissions, bonuses, tips	\$105,642.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
201	11: Both Employment Income	☐ Wages, commissions, bonuses, tips	\$108,027.00	☐ Wages, commissions, bonuses, tips	\$0.0
		☐ Operating a business		☐ Operating a business	
	Include income regardless of whether and other public benefit payments; province with the analysis of the payments of the payments; province and the gross income and the gross i	pensions; rental income; inter e and you have income that y	rest; dividends; money collect you received together, list it o	ted from lawsuits; royalties; an nly once under Debtor 1.	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
'aı	t 3: List Certain Payments You	Made Before You Filed for I	Bankruptcy		
•	individual primarily for a p During the 90 days befor □ No. Go to line 7.	ebtor 2 has primarily consupersonal, family, or household be you filed for bankruptcy, di	umer debts. Consumer debts	s are defined in 11 U.S.C. § 10 of \$6,425* or more?	1(8) as "incurred by a
	paid that cre not include p	ditor. Do not include paymer payments to an attorney for the	nts for domestic support oblig his bankruptcy case.	n one or more payments and t ations, such as child support a or after the date of adjustment	and alimony. Also, do

Official Form 107

	tor 1 Kevin P Luker tor 2 Elizabeth M Luker		Cas	e number (if known)	13-34403
	Yes. Debtor 1 or Debtor 2 or both ha During the 90 days before you file			I of \$600 or more?	
	■ No. Go to line 7.				
		domestic support obligation			you paid that creditor. Do not Also, do not include payments to ar
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Within 1 year before you filed for bankrupt Insiders include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. Alimony.	artners; relatives of any ger n control, or owner of 20% of	neral partners; partne or more of their voting	rships of which you securities; and ar	u are a general partner; corporation ny managing agent, including one f
	Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Part	4: Identify Legal Actions, Repossessio	ns, and Foreclosures			
	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.				
	□ No■ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	GE Capital Retail Bank (Old Navy) vs. Elizabeth Luker Dodge County Case Number 2013SC001239				☐ Pending ☐ On appeal ☐ Concluded
	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached, seized, or levied?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Describe the Property

Explain what happened

page 3

☐ Yes. Fill in the information below.

Creditor Name and Address

Value of the property

Date

	otor 1 otor 2	Kevin P Luker Elizabeth M Luker		Case numbe	ľ (if known)	13-34403					
					,						
11.	accol	unts or refuse to make a payment be			including a bank or financial institution, set off any amounts from your t?						
		es. Fill in the details.									
	Cred	itor Name and Address	De	scribe the action the creditor took	Date a taken	action was	Amount				
12.	court	n 1 year before you filed for bankrup -appointed receiver, a custodian, or No (es		ras any of your property in the possession of an er official?	assignee	for the bend	efit of creditors, a				
Par	_	List Certain Gifts and Contributions									
				did you give one gifte with a total value of more	than ¢coo		2				
13.	_	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? □ No									
		es. Fill in the details for each gift.									
		with a total value of more than \$600 person)	Describe the gifts	Dates the gi	you gave fts	Value				
	Person to Whom You Gave the Gift and Address:										
	Fox	River Christian Church		\$50 weekly tithe	2013		\$50.00				
	Perso	on's relationship to you:									
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.										
		or contributions to charities that to		Describe what you contributed	Dates	VOII	Value				
	more Char	e than \$600 'ity's Name 'ess (Number, Street, City, State and ZIP Code)		bescribe what you contributed		buted	value				
Par	t 6:	List Certain Losses									
15.		n 1 year before you filed for bankrup mbling?	tcy or	since you filed for bankruptcy, did you lose any	ything be	cause of the	ft, fire, other disaster				
		No									
		es. Fill in the details.									
			Descri	ibe any insurance coverage for the loss	Date o	of your	Value of property				
	how			e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss		lost				
Par	t 7:	List Certain Payments or Transfers									
· a	• • •	ziet cortain i aymonte et manerere									
16.	consu	ulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? 's, or credit counseling agencies for services require			rty to anyone you				
	□ N	No									
		es. Fill in the details.									
	Addr	on Who Was Paid ess il or website address		Description and value of any property transferred		payment nsfer was	Amount of payment				
		on Who Made the Payment, if Not Yo	u		maue						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 13-34403

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred	value of any property	Date payment or transfer was made	Amount of payment	
	Lombardo Law Office 3333 North Mayfair Road Suite 314 Wauwatosa, WI 53222	\$281 filing fee 8	& \$399 attorney fee	10/19/12	\$281.00	
	Lombardo Law Office 10919 West Bluemound Road Suite 200 Milwaukee, WI 53226 wendi@lombardolawoffice.com	\$675 Attorney I \$25 Filing Fee	Fees	10/17/18	\$700.00	
17.	Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you No Yes. Fill in the details.	ors or to make payment		nalf pay or transfer any prop	erty to anyone who	
	Person Who Was Paid Address	Description and transferred	value of any property	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	ousiness or financial affa ade as security (such as	airs? the granting of a secur			
	Person Who Received Transfer Address		Description and value of property transferred payments received or deb paid in exchange			
	Person's relationship to you Unrelated Buyers	Household goo rummage sale;			9/2013	
	None					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pn No ☐ Yes. Fill in the details.		ny property to a self-s	settled trust or similar device	of which you are a	
	Name of trust	Description and	Description and value of the property transferred			
Par	List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Storage	Units		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of de		, ,	
	Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Kevin P Luker
Debtor 2 Elizabeth M Luker

Case number (if known) 13-34403

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
22.	Have you stored property in a storage unit or	place other than your home within 1	year before you filed for bankruptcy?	?				
	No No							
	Yes. Fill in the details.	Who also have a bad a second	Bassilla the contents	D				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	9: Identify Property You Hold or Control fo	r Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	10: Give Details About Environmental Inform	nation						
For	he purpose of Part 10, the following definition	s apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these si	air, land, soil, surface water, ground						
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	•	law, whether you now own, operate, o	or utilize it or used				
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,				
Rep	ort all notices, releases, and proceedings that	you know about, regardless of when	n they occurred.					
24.	Has any governmental unit notified you that you	ou may be liable or potentially liable	e under or in violation of an environme	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of an	y release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site	Governmental unit	Environmental law, if you	Date of notice				
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)		Date of Hoties				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 2			Case number (if known)	13-34403			
	Uasr	o vev kaan a nauti in anviiviliala ar adi	minintentivo neono dina vado e onvo onvo	iranmantal law2 lnalvi	le cottlemente and ardere			
26.	нач	e you been a party in any judicial or adr	ministrative proceeding under any env	ironmental law? includ	le settlements and orders.			
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name	Nature of the case	Status of t case	he		
			Address (Number, Street, City, State and ZIP Code)					
Pai	rt 11:	Give Details About Your Business or	Connections to Any Business					
27.	With	hin 4 years before you filed for bankrup	tcy, did you own a business or have ar	ny of the following con	nections to any business?			
		☐ A sole proprietor or self-employed i		-				
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	secutive of a corporation					
		☐ An owner of at least 5% of the votin	•					
		No. None of the above applies. Go to I						
	_	Yes. Check all that apply above and fill		e				
	Bus	siness Name	Describe the nature of the business	Employer Identif	ication number			
	Add	dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Social Security number or IT	IN.		
	3 B Jewelry 414 N Water Street Watertown, WI 53098		Jewelry Sales	EIN:	Oxidiou			
				From-To 2009-present				
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement	to anyone about your l	ousiness? Include all financ	ial		
	⊔ Nai	Yes. Fill in the details below.	Date Issued					
	Ad	dress mber, Street, City, State and ZIP Code)	Date Issueu					
Pai	rt 12:	Sign Below						
are with	true a	ad the answers on this <i>Statement of Fir</i> and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or	, , , ,			
		in P Luker	/s/ Elizabeth M Luker					
		P Luker re of Debtor 1	Elizabeth M Luker Signature of Debtor 2					
Dat		October 24, 2018	Date October 24, 2018					
		·			o#: 15 405\0			
Dia ■ N	•	attach additional pages to Your Stateme	ent of Financial Affairs for Individuals i	Filing for Bankruptcy (Official Form 107)?			
□ Y								
Did ■ N		pay or agree to pay someone who is no	t an attorney to help you fill out bankru	uptcy forms?				
		Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declarati	ion, and Signature (Offici	al Form 119).			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this inform	action to identify your again		
Debtor 1	nation to identify your case: Kevin P Luker		
	First Name Middle Name	Last Name	
Debtor 2	Elizabeth M Luker		
(Spouse if, filing)	First Name Middle Name	Last Name	
United States Bar	nkruptcy Court for the: EASTERN DIST	RICT OF WISCONSIN	
Case number 1	3-34403		
(if known)			☐ Check if this is an
			amended filing
Official For	rm 108		
Statemen	nt of Intention for Indiv	viduals Filing Under Chapt	ter 7 12/15
		<u> </u>	
If you are an indi	vidual filing under chapter 7, you must f	II out this form if:	
creditors have	claims secured by your property, or		
•	ed personal property and the lease has	•	
	ver is earlier, unless the court extends the	r you file your bankruptcy petition or by the date ne time for cause. You must also send copies to t	
	ople are filing together in a joint case, b	oth are equally responsible for supplying correct	information. Both debtors must
	and accurate as possible. If more space in the space in t	s needed, attach a separate sheet to this form. O	n the top of any additional pages,
Part 1: List Yo	our Creditors Who Have Secured Claims		
		D: Creditors Who Have Claims Secured by Prope	rty (Official Form 106D), fill in the
information be Identify the cre	low. ditor and the property that is collateral	What do you intend to do with the property th	at Did you claim the property
·		secures a debt?	as exempt on Schedule C?
	ssociated Bank	☐ Surrender the property.	□ No
name:		Retain the property and redeem it.	-
Description of	414 N. Water St. Watertown, WI	Retain the property and enter into a	Yes
property	53098 Dodge County	Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:	Value based on 2013 & 2017	Trotain the property and [explain].	
	assessed value		
	2nd mortgage with Wells Fargo		
	was forgiven through a		
	hardship program during the		
	Chapter 13.		
Part 2: List Yo	our Unexpired Personal Property Leases		
in the informatior	n below. Do not list real estate leases. U	I in Schedule G: Executory Contracts and Unexpinexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p	the lease period has not yet ended.
Describe your u	nexpired personal property leases		Will the lease be assumed?
			
Lessor's name:	bes		□ No
Description of lea Property:	3 C u		☐ Yes
· ·			00
Official Form 108	Statement of I	ntention for Individuals Filing Under Chapter 7	page

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Best Case Bankruptcy

Debtor 1 Debtor 2	Kevin P Luker Elizabeth M Luker	Case number (if known) 13-34403
Lessor's Descripti	name: ion of leased	□ No
Property:	:	☐ Yes
Lessor's	name: ion of leased	□ No
Property:		☐ Yes
Lessor's	name: ion of leased	□ No
Property:		☐ Yes
Lessor's	name: ion of leased	□ No
Property:		☐ Yes
Lessor's	name: ion of leased	□ No
Property:		☐ Yes
Lessor's	name: ion of leased	□ No
Property:		☐ Yes
Part 3:	Sign Below	
	enalty of perjury, I declare that I have indicated my intention aboth	bout any property of my estate that secures a debt and any personal
X /s/	Kevin P Luker	X /s/ Elizabeth M Luker
	vin P Luker nature of Debtor 1	Elizabeth M Luker Signature of Debtor 2
Sigi		digitation display 2
Date	October 24, 2018	Date October 24, 2018

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Best Case Bankruptcy

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Eastern District of Wisconsin

In re	Kevin P Luker Elizabeth M Luker		Case No.	13-34403
		Debtor(s)	Chapter	7

		Debtor(s)	Chapte	r 7		
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR	DEBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,200.00		
	Prior to the filing of this statement I have received			675.00		
	Balance Due			525.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	n unless they are m	embers and associates of	my law firm.	
 6. 	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 					
thi	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	or payment to me for	or representation of the de	btor(s) in	
	October 24, 2018 Date	Is/ Adam L. Lom Adam L. Lomba Signature of Attorn Lombardo Law 10919 West Blue Suite 200 Milwaukee, WI 5 (414) 543-3328 wendi@lombard Name of law firm	rdo 1035810 ney Office emound Road 53226 Fax: (414) 543-0		_	

United States Bankruptcy Court Eastern District of Wisconsin

In re	Kevin P Luker Elizabeth M Luker		Case No.	13-34403
		Debtor(s)	Chapter	7
Γhe ab		THE ATION OF CREDITOR that the attached list of creditors is true and co		of their knowledge.
Date:	October 24, 2018	/s/ Kevin P Luker		
		Kevin P Luker		
		Signature of Debtor		
Date:	October 24, 2018	/s/ Elizabeth M Luker		
		Elizabeth M Luker		

Signature of Debtor

AES/Chase PO Box 2461 Harrisburg, PA 17105

Anex 225 S Executive Drive Brookfield, WI 53005-4266

Anex, S.C. Bin 88836 Milwaukee, WI 53288

ARS National Services PO Box 469046 Escondido, CA 92046-9046

Associated Bank 200 N Adams Green Bay, WI 54301

AT&T Universal Bankruptcy Department PO Box 44167 Jacksonville, FL 32231

Bank of America P.O. Box 53137 Phoenix, AZ 85072-3137

Capital One Retail Services PO Box 7680 Carol Stream, IL 60116-7680

Chase Bank PO Box 15298 Wilmington, DE 19850-5298

Collection Associates PO Box 465 Brookfield, WI 53008

Comenity Bank/BOSTON STORE PO Box 182273 Columbus, OH 43218-2789

Comenity Bank/FSHBGVSA P.O.Box 182789 Columbus, OH 43218-2789

Falls Collection Services PO Box 668 Germantown, WI 53022

Foot & Ankle Associates of WI 2835 N. Grandview Blvd. STE 300 Pewaukee, WI 53072

GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061

Great Lakes Higher Education PO Box 7860 Madison, WI 53707-7860

Home Care Medical Drawer #828 Milwaukee, WI 53278

Honda Financial PO Box 6001 City Of Industry, CA 91716

Honda Financial Services PO Box 5308 Elgin, IL 60121

Honda Financial Services*
P.O. Box 70252
Philadelphia, PA 19176-0252

Infectious Disease Specialists PO Box 522 Pewaukee, WI 53072-0522

Jack W Hutter DPM SC 422 E Summit Ave. Oconomowoc, WI 53066-3749

JP Morgan Chase Bank PO Box 182223 Columbus, OH 43218-2223

Kinex Medical Company LLC

Kohls Department Store PO box 3115 Milwaukee, WI 53201

Lake Country Emergency Physicians 6400 Industrial Loop Greendale, WI 53129

Lake County Plastic & Hand Surgery 5605 Waterford Lane Appleton, WI 54913

Landmark Credit Union 2775 S. Moorland Rd. New Berlin, WI 53151

Linden Grove Mukwonago 18650 W. Corporate Dr., Suite 303 Brookfield, WI 53045

Metropolitan Urology Group 2600 N Mayfair Road Suite 545 Milwaukee, WI 53226

OAC PO Box 371100 Milwaukee, WI 53237-2200

Oconomowoc Memorial Hospital 791 Summit Ave. P.O. Box 68-9931 Oconomowoc, WI 53066

Omnicare Central Billing Center 571 Longbow, Suite B Maumee, OH 43537

Portfolio Recovery Assoc. 120 Corporate Blvd., Ste. 1 Norfolk, VA 23502

PRM

741 N. Grand Ave Suite 301 Waukesha, WI 53187-1108

PROHEALTH CARE INC PO BOX 3166 Milwaukee, WI 53201-3166

Radiology Waukesha PO Box 1790 Brookfield, WI 53008

Rausch, Sturm, Israel, Enerson & Hornik 250 N Sunnyslope Rd, Suite 300 Brookfield, WI 53005

Simm Associates, Inc. P.O. Box 7526 Newark, DE 19714-7526

State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716

State Collection Service PO Box 6250 Madison, WI 53716-0250

The Sleep Wellness Institute 2356 South 102nd Avenue Milwaukee, WI 53227-2104

United Recovery Systems PO Box 722929 Houston, TX 77272-2929

US Bank National Association PO Box 790409 Saint Louis, MO 63179

US Bank Recovery Department PO Box 5227 ML CN OH W15 Cincinnati, OH 45202

Waukesha Memorial Hospital 725 American Avenue Waukesha, WI 53188

Waukesha Memorial Hospital c/o State Collection Service, Inc. PO Box 6250 Madison, WI 53716

Wells Fargo Bank PO Box 5169 Sioux Falls, SD 57117

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

IRS - Milwaukee Office 211 West Wisconsin Avenue M/S 5301 MIL Milwaukee, WI 53203

Wisconsin Department of Revenue Special Procedures Unit PO Box 8901 Madison, WI 53708-8901